AS OF 11/30/06	MEDICAID	RUN DATE 11/25/06		
	TITLE XIX			
	(1150	AL YTD TOTALS AS OF 11/	30/00)	
CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF	TOTAL
	SERVED	CLAIMS	SERVICE	PAYMENT
INPATIENT	61,188	30,807	182,664	\$142,093,258.75
OUTPATIENT	249,434	370,975	9,474,995	\$70,920,330.45
CHILD PART HOSP	2	0	0	\$483.02-
CHILD DAY TREATMENT	0	0	0	\$0.00
ADULT PART HOSP	0	0	0	\$0.00
ADULT DAY TREATMENT	1	2	46	\$709.32
SKILLED NURSING FACILITY	2,135	3,653	44,778	\$8,021,172.37
INTERMEDIATE CARE FACILITY	16,435	69,306	2,004,629	\$178,537,014.70
INTER CARE MENTAL RETARDA	2,243	10,951	325,549	\$104,967,674.80
NURSING FAC FOR MENTAL ILL	44	159	4,703	\$1,057,857.60
HOME HEALTH	19,259	59,260	1,032,460	\$37,882,264.76
LEAD INSPECTION AGENCY	55	58	59	\$24,332.49
PHYSICIAN	240,234	1,144,434	1,665,635	\$109,936,816.29
CLINIC SERVICES	52,507	120,916	111,697	\$13,671,098.26
MEP CASE MANAGEMENT	9	0	0	\$3,368.77
LAB AND RADIOLOGICAL	72,463	68,392	112,421	\$1,998,669.69

0

0

0

304,888

13,941

911,936

1,524,592

6,326

47,894

76,054

24,733

625,424

69,394

7,614,778

1,136,851

142,452

19,561

168,958

134,978

65,384

89,344

33,799

98,069

198,260

27,107

30,058

17,321

297,759

3,056,270

1,704,801

1.403.858

0

0

17,168

14,165

8.749

3,642

47,559

76,178

24,735

625,459

69.394

157,882

101,683

16,008

4,291

9.369

133,017

61,853

70.214

27,348

3,715

7,340

22,386

10,456

79,894

1,445

302

88.461

1,707,251

1,403,858

0

3,240

2.317

204,348

22,253

55,051

154,876

6,210

6,648

39,558

32,460

3,289

1,506

84,030

44,996

18,997

14,911

668

770

7,105

2,357

9.576

9,394

274

48

746

307,909

794

0

0

3

10,075

IOWA DEPARTMENT OF HUMAN SERVICES

PAGE

1

\$0.00 \$15,553,372.33

\$0.00

\$0.00

\$3.51-

\$758.32-

\$1,570,791.99

\$4,108,440.36

\$91,443,276.14

\$3,313,479.10

\$41,168,425.06

\$6,215,655.89

\$3,903,090.69

\$1,250,726.08

\$3,011,408.47

\$16,937,379.90

\$5,915,261.57

\$4,106,806.21

\$5,014.25

\$865,657.25

\$10,912,347.64

\$18,516,984.06

\$3,417,482.53

\$2,143,777.69

\$1,251,800.93

\$5,165,214.66

\$848,589.03

\$2,282,035.52

\$843,158.33

\$172,879.72

\$108,908,252.33

\$19,209,818,89

\$925,007.36

\$138,800.34

IAMM2200-R003 (MR-0-12)

REMEDIAL SERVICES

AMBULANCE SERVICES

PRESCRIBED DRUGS

IOWA PLAN PROGRAM

EPSDT SCREENING

PATIENT MANAGEMENT

OTHER PRACTITIONER

FAMILY PRESERVATION

MEDICAL SUPPLIES

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

ELDERLY WAIVER SERVICES

PODIATRIC

CHIROPRACTIC

DRUG CAPITATION

REHAB SUPPORT SERVICES

LOCAL EDUCATION AGENCY

EARLY ACCESS SERVICES

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

IAN	IM22	00-	R003	(MR-O-12)
AS	OF	11/	30/06	

\* ALL CATEGORIES \*

MEP SERVICES UNASSIGNED

## IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

RUN DATE 11/25/06

TOTAL PAYMENT \$7,876,626.02

\$12,934,321.99

\$1,067,405,391.12

\$3,376,185.39

\$0.00

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TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE)

(FISCAL YTD TOTALS AS OF 11/30/06)

0 50,497

6,738,742

\*\*\* END OF REPORT \*\*\*

0

52,845

35,361,705

0

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE
ILL & HANDICAPPED WAIVER SVCS	2,484	15,508	504,432
COUNTY OFFICE REIMBURSEMENT	0	0	0

10,733

2,320

412,897